

No special attention of physicians is necessary in view of the manner in which to use or discuss the back of this certificate.

Health Department, City of Baltimore.

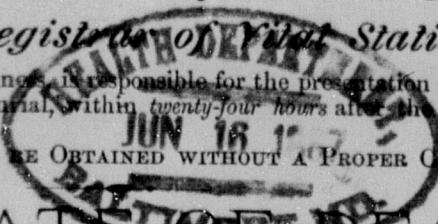
Permit No. A 391

Office of Registrar of Vital Statistics.

Ward 9 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



68

CERTIFICATE OF DEATH.

Date of Death, June 15th 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fritz Martin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years,

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Four days

Place of Death, { Give Street and Number. } Franklin 309 S. Sharp St

Cause of Death, { First (Primary), Second (Immediate), } Intemperance

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Odan Bill

Date of Burial, June 16th 1889 W. L. Lacy & Son M. D.

Undertaker, C. F. Kraus

Medical Attendant.

Place of Business, Health Office Address, 108 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 392

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John Frederick Fries

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, — Years,

4 Months, 27 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

life

Duration of Residence in the City of Baltimore,

1602 Canton ave

Place of Death, { Give Street and Number. }

Gastro-Enteritis

Cause of Death, { First (Primary),

Convulsions

Second (Immediate),

4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cm.Date of Burial, June 16th 1887

{ Undertaker, H. Sonder & Son } Jas. E. Gibbons M. D.

Medical Attendant.

{ Place of Business, 1710 Canton ave } Address, 833 Edmundson ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 393

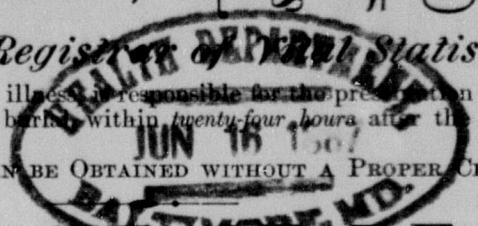
Office of Registrar of Vital Statistics.

Ward

12¹

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Rosalie June 14th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosalie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, / Months, / Days.

Color, White -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infirmary, Asylum
MarionCause of Death, { First (Primary), Ex. }
Second (Immediate),

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, New Arch Cemetery

Date of Burial, June 17. 1887

{ Undertaker, John Barron }

{ Place of Business, Division St. }

D. Flannery

M. D.

Medical Attendant.

Address, 1701 St. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

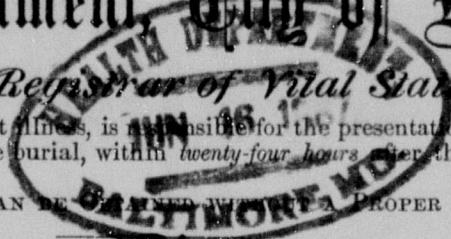
Permit No. A 394

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



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CERTIFICATE OF DEATH.

Date of Death, June 15th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmund

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Ex - Second (Immediate), }

Duration of Last Sickness, Since birth - 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Calvary Cemetery

Date of Burial, June 17. 1887

Undertaker, John Barron

Place of Business, Division St.

J. J. Flannery M. D.

Medical Attendant.

Address, 701 Dr Hill Ave.

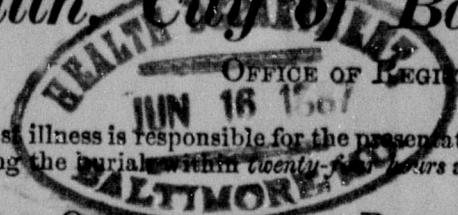
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, (12)

Permit No. A. 395



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 15. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

James Lawrence Sutton Power

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 22

Years, 1

Months,

12

Days.

Color,

White

Married, Single, Widower or Widower, { Cross out the word not required in this line. }

Occupation,

Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) }

Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

1903 Eutaw Place

Cause of Death, { First, (Primary) }

Caries temporal bone, Chronic otorrhoea -

Second, (Immediate)

meningitis (Cerebro spinal) pyaemic from

Duration of last Sickness,

Seven weeks?

Ear disease.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 18th 1887

Undertaker, Newell & Sons

Place of Business, Park & Saratoga

Alfred Wanstaell, M. D.

Medical Attendant.

Address, 818 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[ov. 42.]

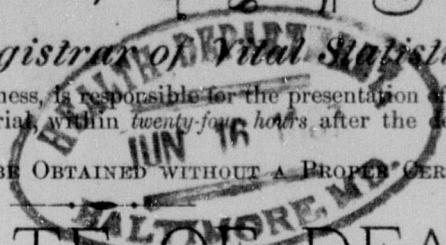
The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 396 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 14/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Moon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, one Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 1016 Croft St.

Cause of Death, { First (Primary), Second (Immediate), } Dentition Cholera Infantum

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 16 1887

Undertaker, Wm. T. Clark, Jr. M. D.

Medical Attendant.

Place of Business, 221 E. 4th Street Address, 1016 Croft St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

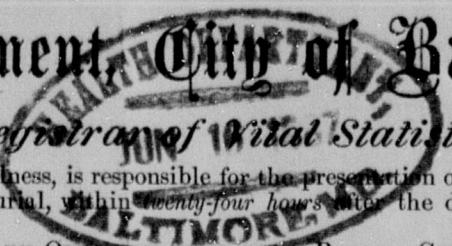
Permit No. A 397

Office of Registrar of Vital Statistics.

Ward 15

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CERTIFICATE OF DEATH.

Date of Death, June 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm D. Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 12 days

Place of Death, { Give Street and Number. } 130 E. Hughes

Cause of Death, { First (Primary), Premature birth
Second (Immediate), Inflammation

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 16, 1887

Undertaker, Bernard Harle

Place of Business, 115 West St

R. S. Ells

M. D.

Medical Attendant.

Address, 915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department City of Baltimore.

Permit No. A 398 Office of Registration of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fletcher A. Pearsall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 0 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Brooklyn N.Y.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, { Give Street and Number. } 529 N. Chester

Cause of Death, { First (Primary). Diarrhoea
Second (Immediate). Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 16 1887 E.P. Jones

M. D.

{ Undertaker, John Henning.

Medical Attendant.

{ Place of Business, 2008 Orleans Street, Address, 1835 E. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

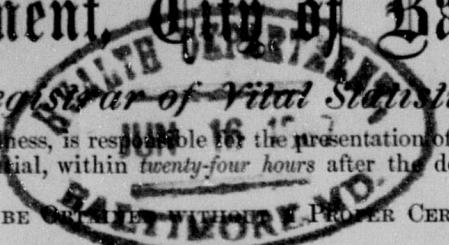
Permit No. A. 399

Office of Registrar of Vital Statistics.

Ward 117

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B
117

CERTIFICATE OF DEATH.

Date of Death,

June 15th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Nellie Sherman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 1718 Alice Anna

Cause of Death, { First (Primary),
Second (Immediate), }

cholera in faintum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, June 17th 1887 John H. Rehberger M. D.

{ Undertaker, G. B. France Medical Attendant.

{ Place of Business, B. Frank & Wolf Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 400

Office of Registrar of Vital Statistics.

Ward 16

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

June 15th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Castillo
Castillo

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, 15 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Castillo ind.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } 2723 133 Hudson St

Cause of Death, { First (Primary),
Second (Immediate), } Malaria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 17th 1887 E. Dr. William M. D.

Undertaker, G. Frantz

Medical Attendant.

Place of Business, Bank & Wolfe Address, 2826 E. 23rd St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]